

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	X	X				
3						
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		4				
11		4				
12		1				
13		1				
14		1				
15	X					
16	X					
17	X					
18	X					
19	X					
20	X					
21	X					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29	X					
30	X					
31	X					
32	1					
33		15				
34	X					
35	X					
36		4				
37		4				
38		4				
39		4				
40		4				
41		1				
42		1				
43		8				
44		8				
45		8				
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	85					
TOTAL CLAIMS	87					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												